

**PATENT APPLICATION FEE**  
Effective Oct

**CLAIMS AS FILED**

(Column 1)

|                                    |        |    |
|------------------------------------|--------|----|
| TOTAL CLAIMS                       |        |    |
| FOR                                | NUMBER |    |
| TOTAL CHARGEABLE CLAIMS            |        | 21 |
| INDEPENDENT CLAIMS                 |        | 1  |
| MULTIPLE DEPENDENT CLAIM PRESENTED |        |    |

\* If the difference in column 1 is less than

**CLAIMS AS AMENDED**

(Column 1)

| AMENDMENT A                           | CLAIMS REMAINING AFTER AMENDMENT |    |
|---------------------------------------|----------------------------------|----|
|                                       | Total                            | 20 |
| Independent                           |                                  |    |
| FIRST PRESENTATION OF MULTIPLE CLAIMS |                                  |    |

(Column 1)

| AMENDMENT B                           | CLAIMS REMAINING AFTER AMENDMENT |     |
|---------------------------------------|----------------------------------|-----|
|                                       | Total                            | Min |
| Independent                           |                                  | Min |
| FIRST PRESENTATION OF MULTIPLE CLAIMS |                                  |     |

(Column 1)

| AMENDMENT C                           | CLAIMS REMAINING AFTER AMENDMENT |     |
|---------------------------------------|----------------------------------|-----|
|                                       | Total                            | Min |
| Independent                           |                                  | Min |
| FIRST PRESENTATION OF MULTIPLE CLAIMS |                                  |     |

**TERMINATION RECORD**  
1, 2003

Application or Docket Number

10/636,081

**ART I**

(Column 2)

|     |              |
|-----|--------------|
| DEP | NUMBER EXTRA |
| 20= | 1            |
| 3=  |              |
|     |              |
|     |              |

enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| RATE      | FEES  |
|-----------|-------|
| BASIC FEE | 75.00 |
| XS18=     | 18-   |
| X86=      |       |
| +290=     |       |
| TOTAL     | 768   |

**PART II**

(Column 2) (Column 3)

| HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------|---------------|
| 21                                 | =             |
| 1                                  | =             |
| DENT CLAIM                         |               |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

(Column 2) (Column 3)

| HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------|---------------|
| =                                  |               |
| =                                  |               |
| DENT CLAIM                         |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

| HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------|---------------|
| =                                  |               |
| =                                  |               |
| DENT CLAIM                         |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

2, write "0" in column 3.  
CB is less than 20, enter "20."  
CB is less than 3, enter "3."  
CB is 1 is the highest number found in the appropriate box in column 1.